

CERTIFIED LOCAL GOVERNMENT PROGRAM
HISTORIC PRESERVATION COMMISSION MEMBER FORM
for the

_____ *Historic Preservation Commission*

Name: _____ Date: _____

Address: _____

Telephone Number: _____ Email Address: _____

Date of appointment to Commission. _____

Length of term; e.g., 2 years, 4 years, etc. _____

Education: Colleges/universities attended with degrees, areas of study and dates completed.

Occupation: _____

Positions and/or work experience.

Local history/historic preservation activities (publications, committee work, etc.)

Community and other activities:

